

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wessel-Kroeschell

IMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Beth Wessel-Kroeschell

Political Party (if applicable)

Democrat

Office Sought

Representative-IA. House

District (if Senate or House)

45

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Jenny A. Benn

SIGNATURE OF PERSON FILING REPORT

515-292-3018

TELEPHONE

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1526

Logged In

Scanned

Computer

Audited

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # ☒ 2☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$

987.59

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

9826.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

10813.59

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2871.09

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must
be zero) (Attach DR-3)

\$

7942.50

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

25

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend-Kroeschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2-25-09	ID# CK#	HERMAN Quirmbach 1002 JARRETT Circle Ames, IA 50014		\$ 200	<input checked="" type="checkbox"/>
2-25-09	ID# CK#	LOWELL GREIMANN 1518 13th ST, Ames, IA 50010		150	<input checked="" type="checkbox"/>
3-1-09	ID# CK#	IRENE BEAVERS 2200 HAMILTON DR., Apt 208 Ames IA 50014		50	<input checked="" type="checkbox"/>
3-1-09	ID# CK#	FAITH Finnemore 2107 Northcrest DR Ames IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	HANNAH R. GRADWOL 2003 Ashmore DR. Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	KATHRYN E. Eschbach 727 Ridgewood Ames IA 50010		75	<input checked="" type="checkbox"/>
"	ID# CK#	DORIS M. Foell 1006 ARIZONA Ave Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	John L. Timmons 2108 Greeley Ames IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	George Seifert 2421 HAMILTON DR. Ames IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	SUSAN Ravenscroft 455 Westwood DR. Ames IA 50014		200	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 950

TOTAL (if last page of this schedule)

\$

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Page 1 of 15
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wines - Knaeschel

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3-2-09	ID# CK#	MORRIS E. MERICLE 111 LYNN AVE., UNIT 906 AMES IA 50014		\$ 10	<input checked="" type="checkbox"/>
"	ID# CK#	AUDREY LYNN FAWCETT 2020 PINEHURST DR. AMES IA 50010		25	<input checked="" type="checkbox"/>
3-4-09	ID# CK#	EDWARD A. CARBACEY 3313 MORNINGSIDE ST. AMES IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	LESLIE OSAM PENSACK 317 S. WILMOTH AVE. AMES IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	MARGARET BERGMAYER 4206 STONE BROOKE RD. AMES IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	DILYS MORRIS 535 FOREST GLEN ST. AMES IA 50014		15	<input checked="" type="checkbox"/>
"	ID# CK#	SHARON L. COLLETTI 522 ASH AVE AMES IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	MARGARET S. JOHNSON 608 HODGE AVE AMES IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	CARL L. TIPTON 415 BRIARWOOD PLACE AMES IA 50014		35	<input checked="" type="checkbox"/>
3-6-09	ID# CK#	MARIYS J. POTTER 1902 NORTHCREST CR. AMES IA 50010		25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$385

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend-Kroeschell

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3-7-09	ID# CK#	Thomas Weber 430 LYNN AVE AMES, IA 50014		\$ 75	<input checked="" type="checkbox"/>
3-8-09	ID# CK#	GRACIE R. LARSEN 2332 HAMILTON DR. AMES, IA 50014		25	<input checked="" type="checkbox"/>
3-10-09	ID# CK#	John L. Cleasby 1801 20th ST., Apt. B21 AMES, IA 50010		35	<input checked="" type="checkbox"/>
"	ID# CK#	S. PETRA 2011 Duff Ave AMES, IA 50010		30	<input checked="" type="checkbox"/>
"	ID# CK#	MARY E. RICHARDS 3217 WEST ST. AMES, IA 50010		75	<input checked="" type="checkbox"/>
"	ID# CK#	Dieter Dellmann 1026 GASKILL DR. AMES, IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	Geoffrey Abelson 1414 Glendale Ave AMES, IA 50010		30	<input checked="" type="checkbox"/>
3-14-09	ID# CK#	ERIKA K. RASEY P.O. Box 515 Beloit WI 53511		15	<input checked="" type="checkbox"/>
"	ID# CK#	C. Lynne Bishop 2609 Eisenhower AMES, IA 50010		20	<input checked="" type="checkbox"/>
"	ID# CK#	Louise Lex 711 Jewel DR. AMES, IA 50010		25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 405

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell-Kroeschell

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3-14-09	ID# CK#	MARCIA L. Thompson 2728 meadow Glen Rd Ames, IA 50014		\$ 25	<input checked="" type="checkbox"/>
"	ID# CK#	Sandy Opsitvedt 1309 PARKVIEW DR. STORY CITY IA 50248		25	<input checked="" type="checkbox"/>
"	ID# CK#	Cheryl Langston 1710 Northwestern Ave Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Rebecca Hoepfner 3803 ONTARIO Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Cynthia J. Gaunt 3423 CLINTON CT. Ames IA 50010		30	<input checked="" type="checkbox"/>
"	ID# CK#	VIRGINIA Huntington 2632 Ridgetop Rd. Ames IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	J ELAINE Huber 546 W. Riverside Rd Ames IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	James A. Gaunt 3423 CLINTON CT. Ames IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	NANCY C. MARKS 1625 64th ST. Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Amy D. Welch 1148 OAKLAHOMA DR Ames IA 50014		50	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 380

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend-Knoeschel

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3-14-09	ID# CK#	CAROLE DAVIS KAZMIERSKI 2039 INDIAN GRASS CT. AMES, IA 50014		\$ 50	<input checked="" type="checkbox"/>
"	ID# CK#	THOMAS L. BEELL 1217 ROOSEVELT AVE. AMES, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	KENNETH J. CAMERON 2707 DUFF AVE AMES, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	STEPHEN R. RINGLEE 2325 STORM ST. AMES, IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	SUZANNE MANN ZILBER 801 CRYSTAL ST. AMES, IA 50010		75	<input checked="" type="checkbox"/>
"	ID# CK#	PHYLLIS PETERS 210 S. KELLOGG AMES, IA 50010		75	<input checked="" type="checkbox"/>
"	ID# CK#	JAN L. FLORA 1902 GEORGE ALLEN AVE AMES, IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	AMY ANDREOTTI 321 PEARSON AVE AMES, IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	JANE HALLIBURTON 1128 ROOSEVELT AMES, IA 50010		200	<input checked="" type="checkbox"/>
"	ID# CK#	CASH FROM PASS-THU-HAT		144	<input checked="" type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 919
\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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9-18-09	ID# CK#	Robert Mounman 1223 9th ST. Ames IA 50010		\$ 25	<input checked="" type="checkbox"/>
"	ID# CK#	Robert KerkSieck 621 Garden Rd. Ames IA 50010		30	<input checked="" type="checkbox"/>
"	ID# CK#	BARBARA Peterson 905 ARIZONA AVE Ames IA 50014		10	<input checked="" type="checkbox"/>
"	ID# CK#	Jasmine B. Seagrave 318 Westbrook Ln. Ames IA 50014		25	<input checked="" type="checkbox"/>
3-21-09	ID# CK#	MIRIAM PATTERSON 1904 Northcrest Cr. Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Douglas B. Haddland 1100 Adams ST., UNIT 105 Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	LISA BARNES 113 Colorado Ave Ames IA 50014		25	<input checked="" type="checkbox"/>
4-2-09	ID# CK#	CAROLE HOROWITZ 2014 Country Club Blvd Ames IA 50014		25	<input checked="" type="checkbox"/>
4-7-09	ID# CK#	Ann H. Campbell 428 Pearson Ave Ames IA 50014		50	<input checked="" type="checkbox"/>
4-9-09	ID# CK#	MARSHA Readhead 1200 Ridgewood Ave Ames IA 50010		50	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 290

TOTAL (if last page of this schedule)

\$

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Page 6 of 15
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell Kroeschell

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4-10-09	ID# CK#	Clayton Swenson 2308 HAMILTON DR. Ames IA 50014		\$ 50	<input checked="" type="checkbox"/>
8-18-09	ID# 6058 CK# 4512	IOWA CHIROPRACTIC SOCIETY PAC 100 EAST GRAND AVE. Des Moines, IA 50309		100	<input type="checkbox"/>
"	ID# CK#	Andrew Baumert 5068 COACHLIGHT DR. WEST Des Moines IA 50265		50	<input type="checkbox"/>
"	ID# 6075 CK# 1670	IOWA NURSES' ASSOC. PAC 1501 42 ND ST, Ste 471 WEST Des Moines, IA 50366		50	<input type="checkbox"/>
"	ID# CK#	Robert E. Josten 801 Grand, Ste 3900 Des Moines, IA 50309		100	<input type="checkbox"/>
"	ID# CK#	Mary Masher 40 GRYN CT. IOWA CITY, IA 50246		50	<input type="checkbox"/>
9-1-09	ID# CK#	Rachel Scott 2810 COTTAGE GROVE AVE Des Moines, IA 50311		10	<input type="checkbox"/>
11-6-09	ID# CK#	CARL L. TIPTON 415 BRIARWOOD PLACE Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	CAROL A. ELBERT 1528 MEADOWLAKE AVE Ames IA 50010		10	<input checked="" type="checkbox"/>
"	ID# CK#	DORIS M. FOELL 1006 ARIZONA AVE Ames IA 50014		25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 470

TOTAL (if last page of this schedule)

\$

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Page 7 of 15
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend-Knoeschel

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11-6-09	ID# CK#	Robert Kerk sieck 621 Garden Rd. Ames IA 50010		\$ 50	<input checked="" type="checkbox"/>
"	ID# CK#	Richard Olive 1264 Northridge Rd. Story City IA 50248		25	<input checked="" type="checkbox"/>
"	ID# CK#	MARY Atherly 2150 Ashmore CT Ames IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	Sharon L. Colletti 522 Ash Ave Ames IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	KATHRYN E. Eschbach 727 Ridgewood Ames IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Sharon R. Bird 619 10th ST Ames IA 50010		40	<input checked="" type="checkbox"/>
"	ID# CK#	HANNA R. Gradwohl 2003 Ashmore DR. Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	George Belitsos 5508 Lincoln Way Ames IA 50014		30	<input checked="" type="checkbox"/>
"	ID# CK#	Eileen T Mericle 111 Lynn Ave, Unit 906 Ames IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	PATRICIA ANN Hopkins 2415 Hamilton DR Ames IA 50014		25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 470

TOTAL (if last page of this schedule)

\$

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Page 8 of 15
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell Krieschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-6-09	ID# CK#	MARY SAWYER 3425 Woodland ST Ames, IA 50014		\$ 25	<input checked="" type="checkbox"/>
"	ID# CK#	Lowell GREIMANN 1518 13th ST. Ames, IA 50010		200	<input checked="" type="checkbox"/>
"	ID# CK#	Irene BEAVERS 2200 HAMILTON DR, Apt. 208 Ames IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	Beverly J. CRABTREE 3113 Rosewood CR. Ames IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	Carole Horowitz 2014 County Club Blvd Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	JERRY + MARGARET KNOX 635 99th Ave Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Edward A. CARBREY 3313 Morningside ST. Ames IA 50014		30	<input checked="" type="checkbox"/>
"	ID# CK#	MARLYS J. Young 1902 Northcrest CR Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	CYNTHIA O. PASCHEN 2117 Graeber ST. Ames IA 50014		75	<input checked="" type="checkbox"/>
"	ID# 6063 CK# 2334	Iowa Dental Assoc PAC 5530 West PARKWAY, Ste 100 Johnston, IA 50131		250	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1280	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wessel-Krieschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-6-09	ID# 8242 CK# 14929	The GlaxoSmithKline PAC Five Moore DR. Research Triangle PK, NC 27709		\$ 250	<input checked="" type="checkbox"/>
"	ID# 6067 CK# 4131	Iowa Health PAC 6750 Westown Pkwy #100 West Des Moines, IA 50266		250	<input checked="" type="checkbox"/>
11-13-09	ID# CK#	Robert T Bourne 724 Brookridge Ave Ames IA 50010		150	<input checked="" type="checkbox"/>
"	ID# CK#	Robert L. Rod 4235 Eisenhower CT Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Thora J. Runyan 1301 Orchard Dr. Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Gracie R. Larsen 2332 Hamilton Dr. Ames IA 50014		30	<input checked="" type="checkbox"/>
"	ID# CK#	Marsha Readhead 1200 Ridgewood Ave Ames IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Carol E. Fuchs 806 Brookridge Ave Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Lynell Oougherty 920 Brookridge Ave Ames IA 50010		20	<input checked="" type="checkbox"/>
"	ID# CK#	Charles R. Sage 435 Welch Ave Ames IA 50014		100	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 925
\$

TOTAL (if last page of this schedule)

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend - Knoeschell

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-13-09	ID# 6484 CK# 1114	IA Society of Anesthesiologists PAC 525 SW 5th ST., Ste A Des Moines IA 50309		\$ 250	<input type="checkbox"/>
11-15-09	ID# CK#	Klaus Ruedenberg 2834 Ross Rd Ames IA 50014		50	<input checked="" type="checkbox"/>
11-17-09	ID# CK#	Jennifer GARST 708 Brookridge Ave Ames IA 50010		100	<input checked="" type="checkbox"/>
11-19-09	ID# CK#	Sue R. Crull 817 Ridgewood Ave Ames, IA 50010		25	<input checked="" type="checkbox"/>
11-20-09	ID# CK#	DR. Rick Elbert 622 Burnett Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	James Pritchard 1206 Onchard Ames, IA 50010		75	<input checked="" type="checkbox"/>
"	ID# CK#	MARIAN G. Solomon 1801 20th ST. K 25, Northcrest Ames, IA 50010		30	<input checked="" type="checkbox"/>
"	ID# CK#	Louise Lex 711 Jewel DR. Ames, IA 50010		30	<input checked="" type="checkbox"/>
"	ID# CK#	Cynthia J. Gaunt 3423 Clinton CT. Ames, IA 50010		20	<input checked="" type="checkbox"/>
"	ID# CK#	Laurie Sue OLK 1503 Indian Ave Ames, IA 50014		20	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 250

TOTAL (if last page of this schedule)

\$

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Page 11 of 15
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell Krieschell

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-20-09	ID# CK#	MARGARET KNOX 635 9th Ave Ames IA 50014		\$ 20	<input checked="" type="checkbox"/>
"	ID# CK#	MARCIA Thompson 2728 meadow Glen Rd. Ames IA 50014		20	<input checked="" type="checkbox"/>
"	ID# CK#	JANE HALLIBURTON 1128 Roosevelt Ames, IA 50010		150	<input checked="" type="checkbox"/>
"	ID# CK#	JAN M BAUER 2800 Pinehurst CR. Ames IA 50010		10	<input checked="" type="checkbox"/>
"	ID# CK#	Phyllis Peters 210 S. Kellogg Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	HERMAN C Quirnbach 1002 Jarrett CR. Ames, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	ELIZABETH Cole Beck 1119 Orchard DR. Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	DREW LARSON 1312 Big Bluestem CT Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Geoffrey Abelson 1414 Glendale Ave Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	MARY ANN Lundy 4316 Phoenix Ames IA 50014		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 400	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendt-Knoeschel

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-20-09	ID# CK#	Cheryl Langston 1710 NORTHWESTERN AMES IA 50010		\$ 25	<input checked="" type="checkbox"/>
"	ID# CK#	JOAN Dubberke 1523 CARROLL AVE AMES IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	CAROL KAZMIERSKI 2039 INDIAN GRASS CT AMES IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	Kenneth J. CAMERON 2707 Duff AMES IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	PAT Miller 4024 ROSS RD. AMES IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	Ralph Rosenberg 811 Ridgewood Ave AMES IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Brent Wynja 1012 Hunziker DR. AMES IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Matthew D. Goodman 3303 W. ST. AMES IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	Randi Peters 3127 Greenwood Rd. AMES IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	STEVEN B Cannon 1253 Orchard DR AMES IA 50010		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 475	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend-Knoeschell

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-20-09	ID# CK#	Thomas Weber 430 LYNN Ave Ames IA 50014		\$ 50	<input checked="" type="checkbox"/>
"	ID# CK#	Thomas L. Beell 1217 Roosevelt Ames IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	George E. Montgomery 912 Brookridge Ames IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	Carole B. Brown 1204 Orchard Dr. Ames IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	Jane W. Lohnes 1102 Ridgewood Ave Ames IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	Andrew P. Bock P.O. Box 1111 Ames IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	Alejandro Andreatti 321 Pearson Ave Ames IA 50014		100	<input checked="" type="checkbox"/>
"	ID# 6077 CK# 2073	Iowa Pharmacy PAC 8515 Douglas, ST 16 Des Moines IA 50322		250	<input type="checkbox"/>
"	ID# 6058 CK# 4551	Iowa Chiropractic Society PAC 100 EAST GRAND Ave, Ste 240 Des Moines, IA 50309		100	<input type="checkbox"/>
"	ID# CK#	Pass The Hat@ Fundraiser -CASH		192	<input checked="" type="checkbox"/>

SUB-TOTAL

\$1142

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell-Kroeschell

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11-28-09	ID# CK#	MARGUERITE L. N. McNabb 1232 Wisconsin Ave Ames IA 50014		\$ 150	<input checked="" type="checkbox"/>
"	ID# CK#	John L. Cleasby 1801 20th ST., Apt B21 Ames IA 50010		35	<input checked="" type="checkbox"/>
"	ID# CK#	JAN L. FLORA 1902 George Allen Ave Ames IA 50010		75	<input checked="" type="checkbox"/>
"	ID# CK#	Mack C. Shelley II 3454 Southdale DR. Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	KIRSTIN Eddings Sullivan 3329 CANTERBURY CT Ames IA 50014		25	<input checked="" type="checkbox"/>
11-24-09	ID# 6488 CK# 2102	Iowa Providers' PAC 7025 HICKMAN RD, Ste 5 URbandale, IA 50322		250	<input type="checkbox"/>
12-30-09	ID# 6046 CK# 4622	Justice for All PAC 218 6th AVE, Ste. 526 Des Moines, IA 50309		100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 685

TOTAL (if last page of this schedule)

\$ 9826

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Page 15 of 15
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wessel-Knoeschell

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2-18-09	ID# CK# 1114	Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	DONATION	\$ 100
3-30-09	ID# CK# 1115	Postmaster Ames, Iowa	Fundraiser Flyer Mailing	168
8-18-09	ID# CK# 1028	Beth Wessel-Knoeschell 518 Ash Ames, IA 50014	Reimbursed for fund raiser expenses: Copyworks @ \$133.75	—
—	ID# CK#		Postmaster @ 127.71	= 261.46
8-5-09	ID# CK# 1116	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	DONATION	2000
8-17-09	ID# CK# 1117	Dos Rios 316 Court Ave Des Moines, IA 50309	Food for Fundraising	30-
9-11-09	ID# CK# 1118	UBS Financial Serv. Software 515 Grand Ave Ames IA 50010	SOFTWARE	41.73
9-26-09	ID# CK# 1119	Staples 1333 Buckeye Rd Ames IA 50014	INK CARTRIDGE	81.30
SUB-TOTAL				\$ 2682.49
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend-Kroeschell

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-26-09	ID# CK# 1120	Postmaster Ames, IA 50010	Mailing for Fundraiser	\$124.42
11-29-09	ID# CK# 4150	STaples 1333 Buckeye Rd. Ames, IA 50014	Office Supplies	64.15
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$188.60
TOTAL (if last page of this schedule)				\$2871.09

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wessel-Kroeschell

SCHEDULE

E

(Rev. 06/97)

IN KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8-17-09	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321		Invitations + Postage for Fundraiser	\$ 25.00	✓

SUB-TOTAL

\$

25

TOTAL (If last

page of this

schedule)

\$

25

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(for Schedule E)